



Treatment Court Facts

Drug Courts Coordinating Commission

Commission Members

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Problems Treatment Courts Can Help Address

- In 2012, Missouri led the nation with 1,985 meth-lab incidents.
- There were 18,206 persons admitted into the Missouri state prisons in fiscal 2012. Of these, 6,763 had drug or DWI convictions.
- According to Fostering Court Improvement, 2,676 children were removed from their homes as a result of caretaker drug or alcohol use from April 2012 to March 2013.

Why Treatment Courts?

- They are a proven cost-effective method for diverting offenders from incarceration in prisons.
- Treatment courts lower the recidivism rate of offenders when compared to either incarceration or probation.
- They allow offenders to remain in their communities, to support their families and to pay taxes.
- Treatment courts reduce the number of babies born addicted.
- They reduce crime and the need for foster care, and they help ensure that child support payments are made.

Current Status of Treatment Courts in Missouri

- As of February 1, 2014, there were 135 treatment court programs. Of these, 91 are adult drug courts, 8 are juvenile drug courts, 12 are family drug courts, 19 are DWI courts and 5 are veterans treatment courts.
- These programs have over 3,500 active participants.
- Since their inception, Missouri treatment courts have had over 13,900 graduates.
- Since treatment courts began, 633 drug-free babies have been born to treatment court participants.
- The graduation rate for all programs is over 60 percent.
- The retention rate for all programs is over 60 percent.
- In fiscal 2014, the state's treatment court programs requested more than \$14.8 million in funding while the commission has \$6 million to spend.
- Currently Missouri has five veterans treatment court programs on the circuit level located in the City of St. Louis, Jackson County, Pulaski County, Boone County and the SEMO Veterans Treatment Court program which covers a region of eighteen counties in southeast Missouri. The Kansas City municipal court also has an operational veterans treatment court program.

Return on Investment in Drug Courts

- Incarceration: Potential incarceration cost savings or cost avoidance for 2,707 adult offenders diverted from state prisons is about \$27 million. Fiscal 2013 average incarceration costs are \$20,870 per year per person, and treatment courts costs are \$6,190 per year per person.
- Probation: Initially, drug courts are more expensive than regular probation. However, due to the higher recidivism rate for probation, savings result in the second year. Based on a city of St. Louis cost-benefit analysis, after two years, the state gains \$2.80 for each \$1 spent on drug courts. After four years, the state gains \$6.32 for each \$1 spent on drug courts.

Missouri's Commitment to Treatment Courts

- 2013 marked the 20th anniversary of treatment courts in Missouri – the first treatment court started in 1993 in Jackson County. Missouri is a national leader, with more treatment courts per capita than any other state in the nation.
- This growth was due in part to legislative adoption of treatment courts with the 1998 passage of HB 1147, codified at section 478.001, RSMo. In 2001, the general assembly and the governor enacted HB 471, codified at section 478.009, RSMo, to help ensure the coordination and allocation of treatment court funding through the creation of the Drug Courts Coordinating Commission and the Drug Court Resources Fund.
- In 2010, legislation was adopted to establish DWI Courts or Dockets in Missouri. This legislation also allows for limited driving privileges (LDP) to be granted by a Drug/DWI Court Judge or Commissioner. As of September 1, 2013, 519 LDPs have been granted to DWI court participants and graduates.
- In 2013, legislation was adopted to establish veterans treatment court programs which are hybrid drug and mental health court dockets that use the drug court model to serve veterans struggling with addiction, serious mental illness and/or co-occurring disorders. Collaboration is with the traditional partners found in Drug and Mental Health Courts, the U.S. Department of Veterans Affairs health care networks, the Veterans' Benefits Administration, volunteer veteran mentors and family support organizations.